

FIG. 1

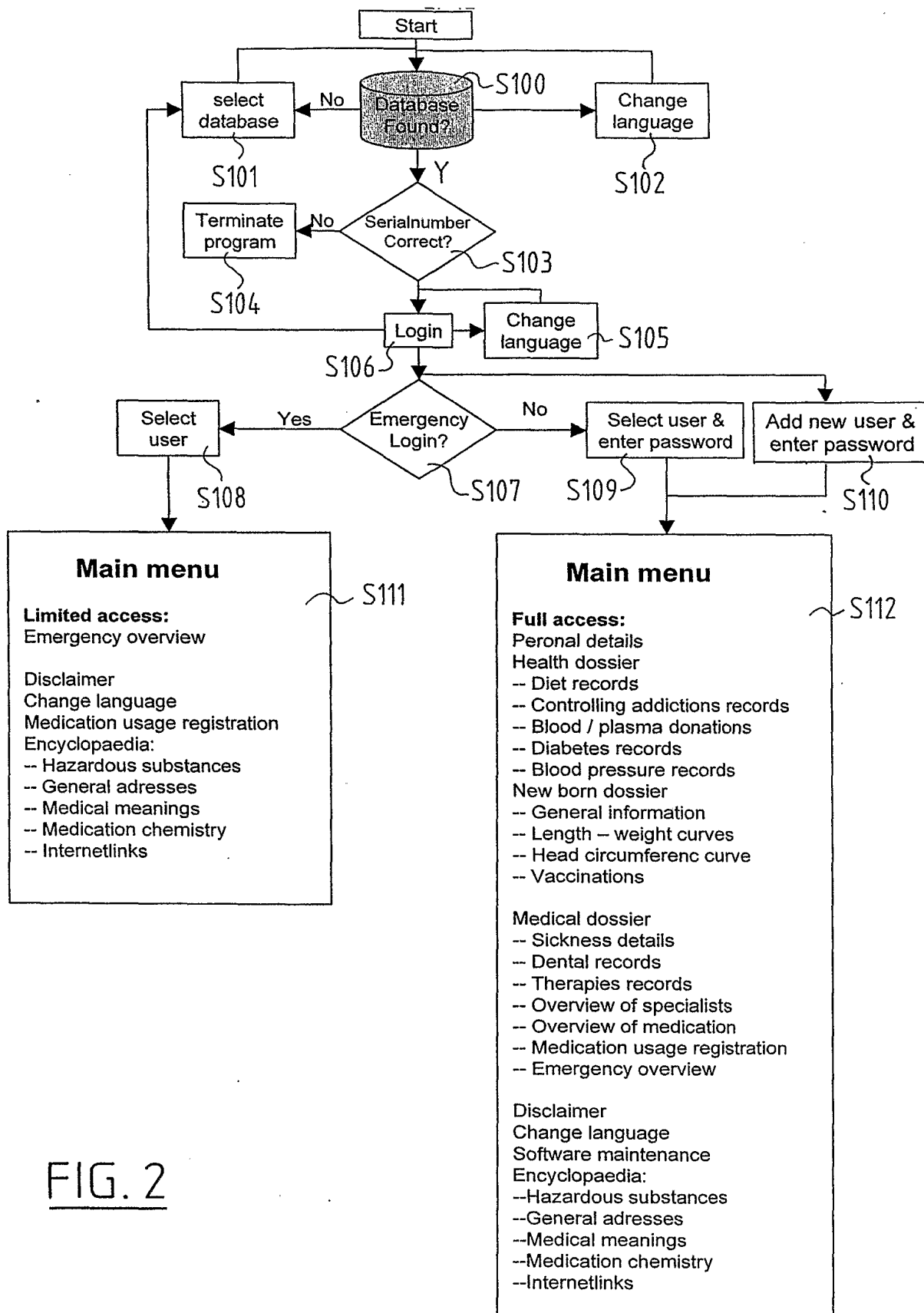
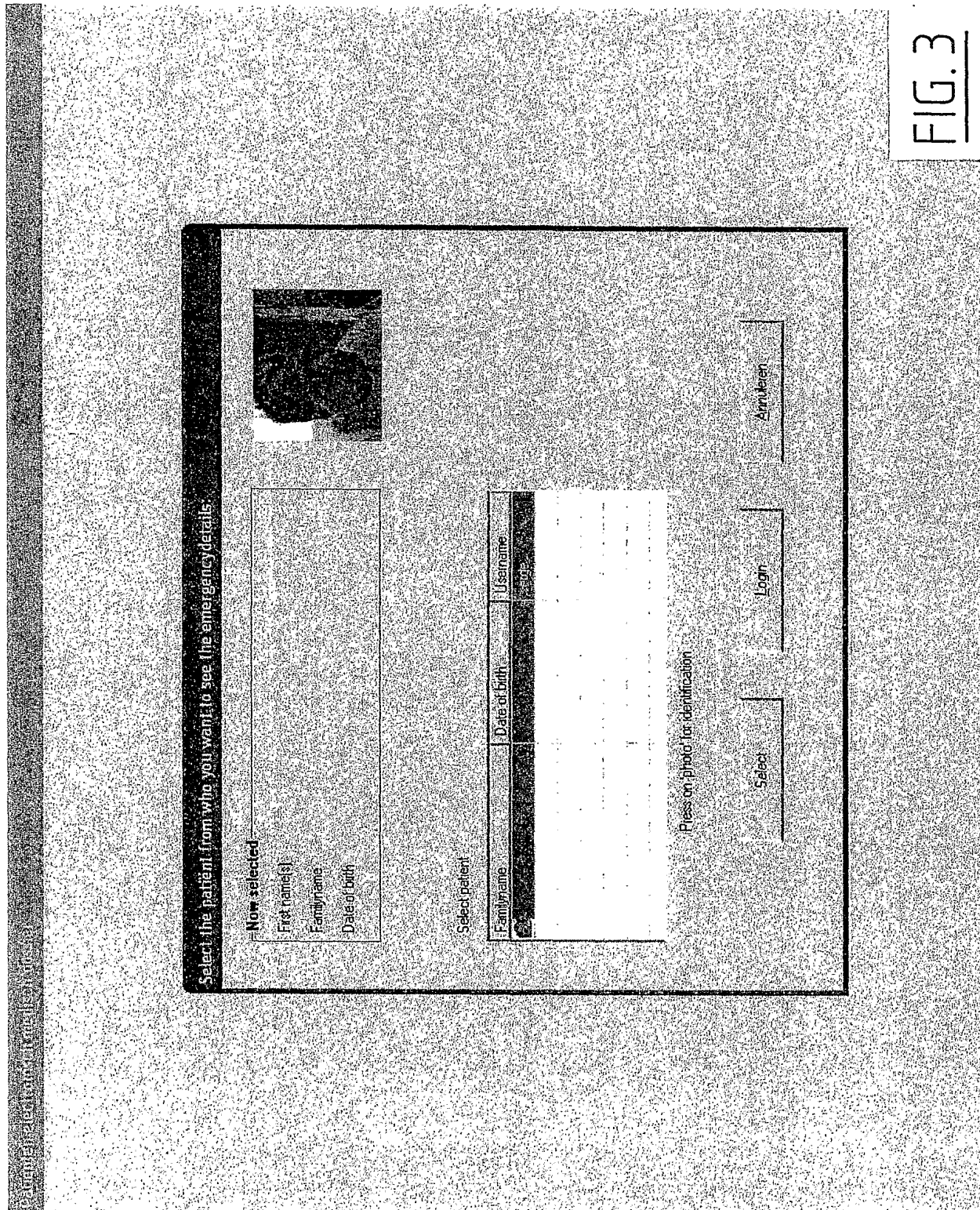


FIG. 2



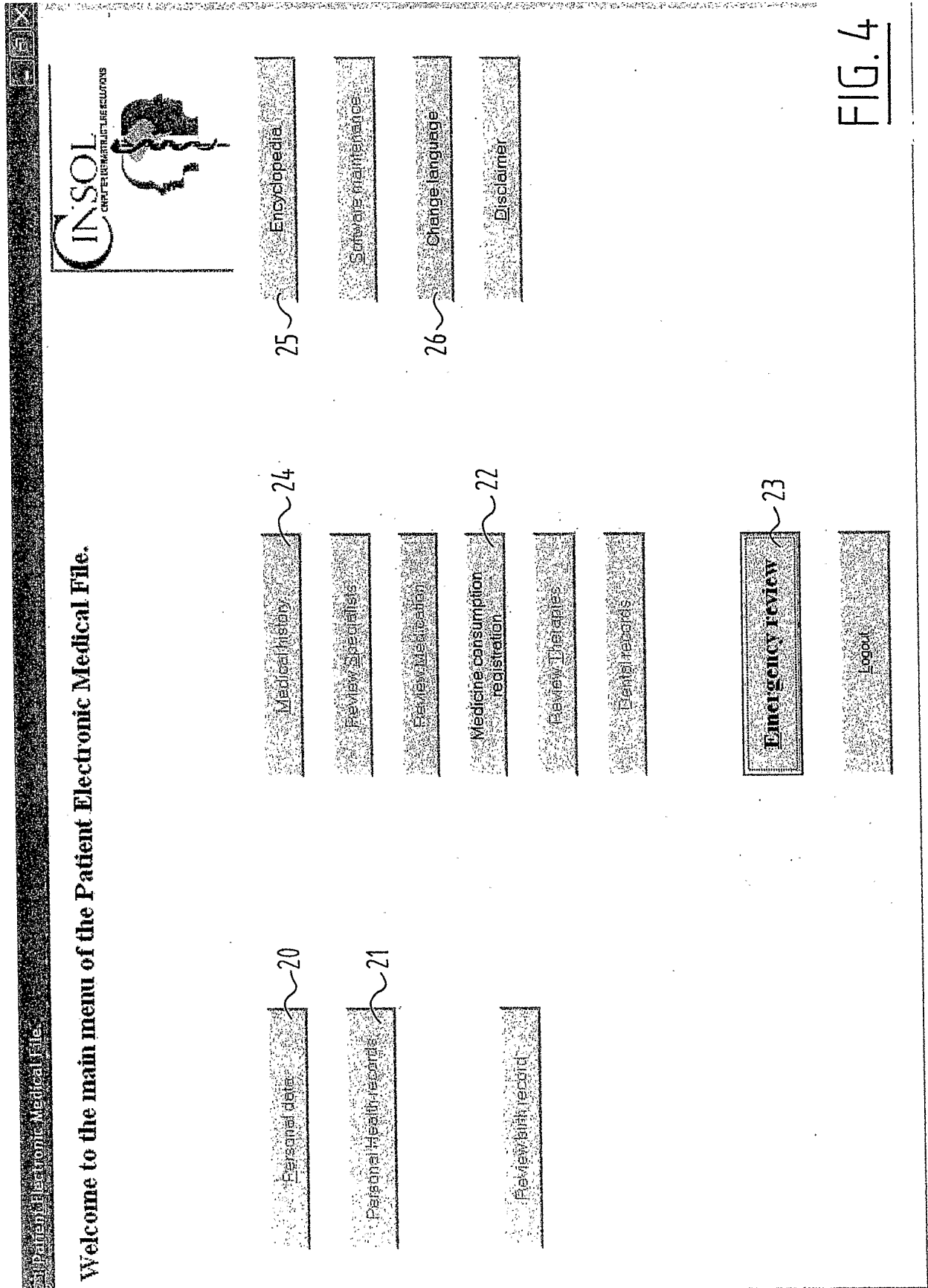


FIG. 4

Emergency review

Personal		General practitioner	
First name	Serge	Family name	Willem
Date of birth	21-04-1968	Private phone	
Blood group	A-Positif	Mobile phone	
Medicine		Person to warn 1	
Current	Name	First name	Wespey
	Dose	Family name	Willem
	Amount	Kind of relation	Echigeanite
	Per	Private phone	024 3449439
	Stat	Mobile phone	
		Employer phone	
Health complaints		Person to warn 2	
Current	Sickness characteristics	First name	Ramond
	Diagnosis	Family name	Willem
	Treatment	Kind of relation	Broer
		Private phone	024-3227870
		Mobile phone	06 50475400
		Employer phone	024-3227870
Allergies		In case of decease	
Green		Reammonish	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Donor
		Belief	Rooms
		Fund insurance	None
		Company	NVT
		Contact number	NVT
		Phone	NVT
		J in portemonnee	NVT

[Back to main menu](#)
[Change Data](#)
[Print](#)

FIG. 5

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[illegible]

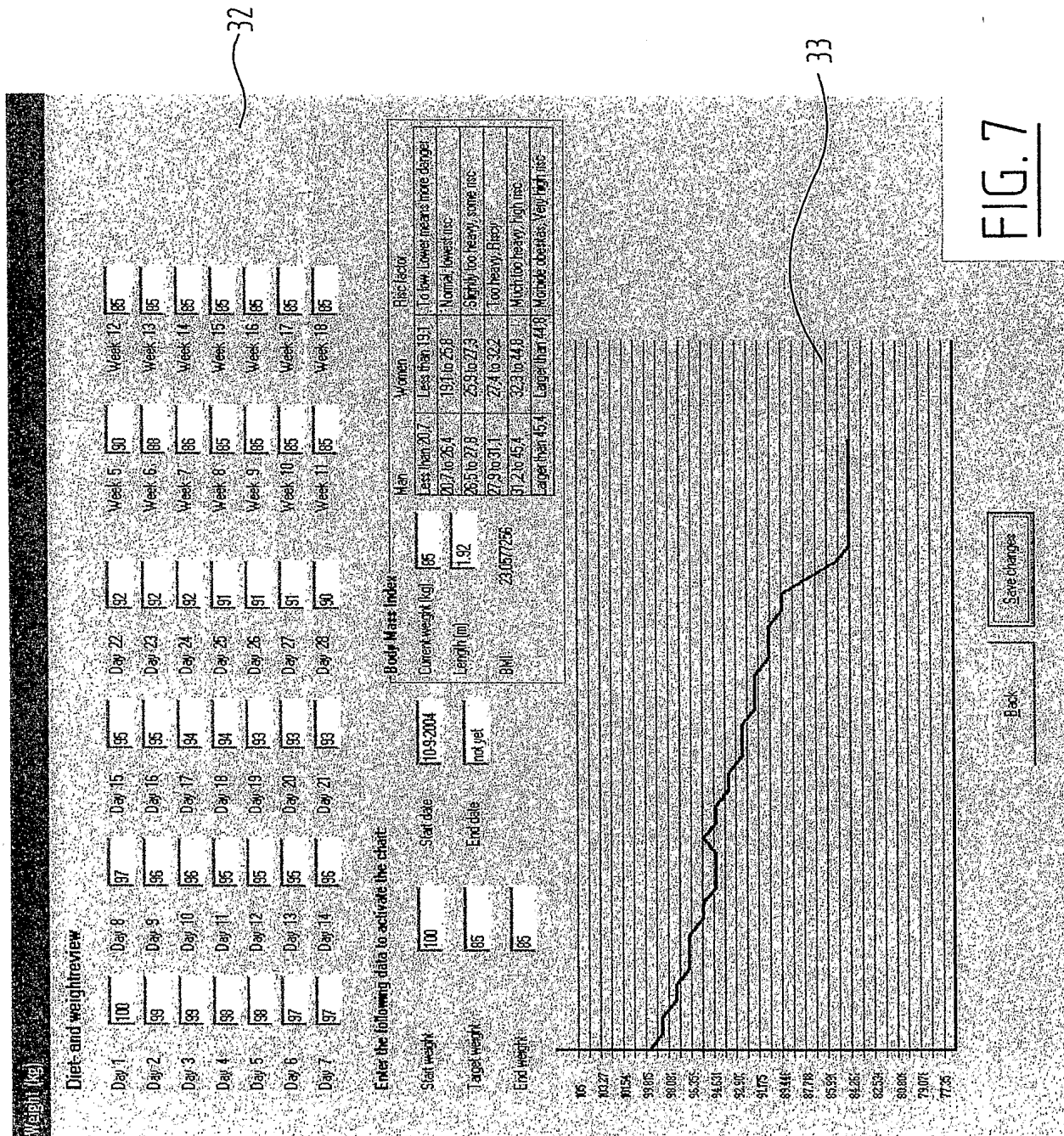


FIG. 7

Ziekte details Huisarts niveau

Name: Villane

Sickness characteristics: Illness

ICPC - Category: P. PSYCHOLOGICAL

ICPC - Detail:

Including:

Excluded:

ICD - ICD Codes:

Complaints description: Pain in left ear

Background / cause: loud music

ICPC 2: Yes ☒ No ☐

Date occurrence: 10-12-2004 Time

Date first check: 11-12-2004 Time

Diagnosis:

Initial approach: Hospital

Hospital: ☒ Details

Emergency: ☒

Tests:

Change treatment:

Back to menu:

Delete:

FIG. 8

Status:

Doctor:

Specialist:

Cardiogram:

First name:

Practice / Hospital:

Address (practice):

Number:

Postal code:

City:

Practice phone:

Mobile phone:

Treatment:

Date cured:

Commentary/patient:

Medicine

Client	Name	Dose	Amount	Times	Per	Start	Stop

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Function examination tests

Family name:
 First name(s):
 Date of birth:

Location:
 Name:
 Address:
 Postal code:
 City:
 Phone (dept):
 General telephone:

Date:
 Doctor last name:
 Doctor first name:

Performed tests:
 Endocrine function tests
 2 Hour postprandial measurement of the urine
 Long function tests
 Bikes test
 Thallium persulfate test
 Thallium persulfate test
 Allergene examination
 Other

Remarks:
 Results:

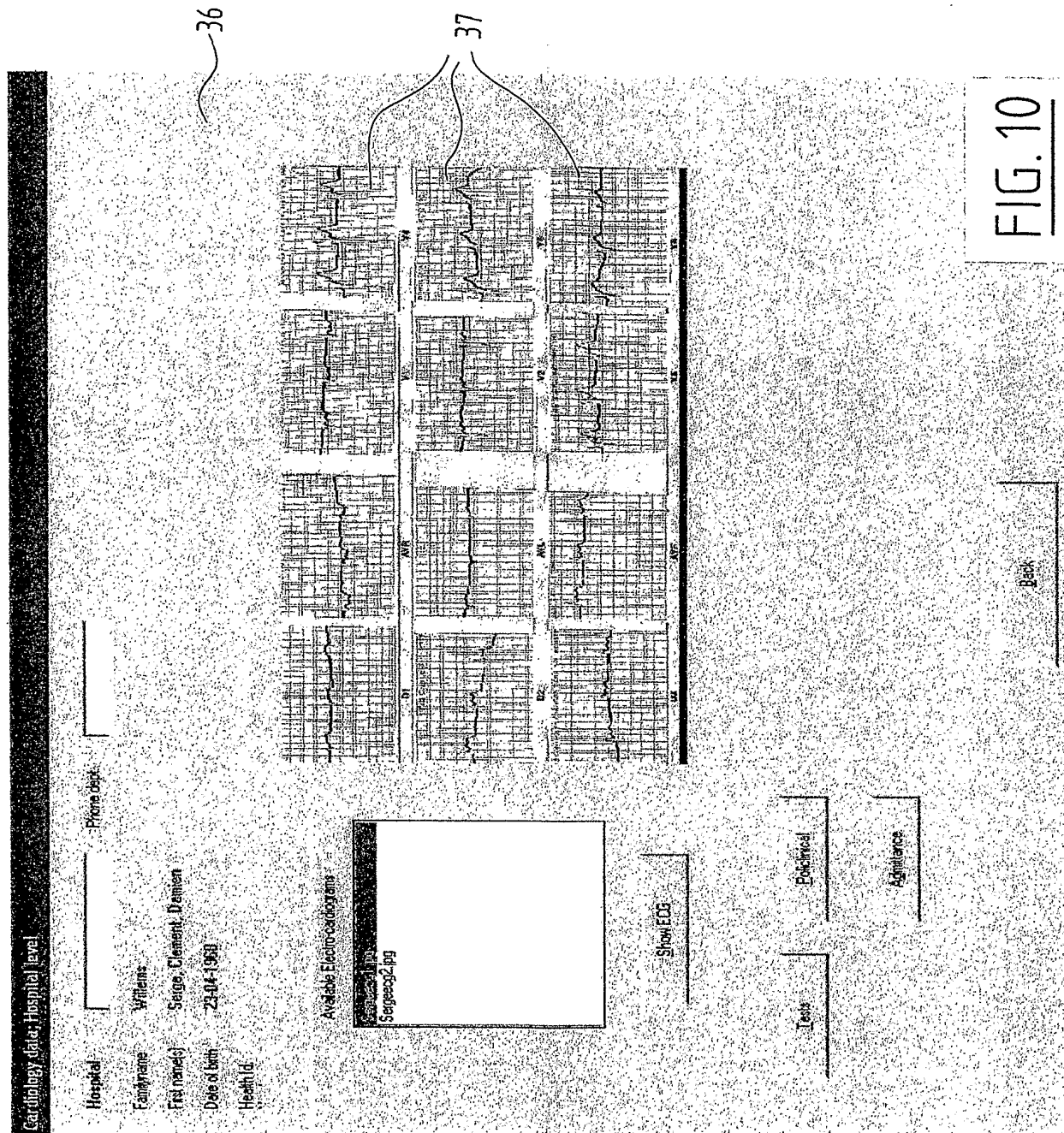
Date:
 Kind of examination:
 Specialist:

Details:
 Show ECG:

Back:
 New row:
 Save changes:

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FIG. 9



Main details

Familyname **Willems**
First name(s) **Serge, Clement, Damien**
Date of birth **23-04-1968**
Record number **2**

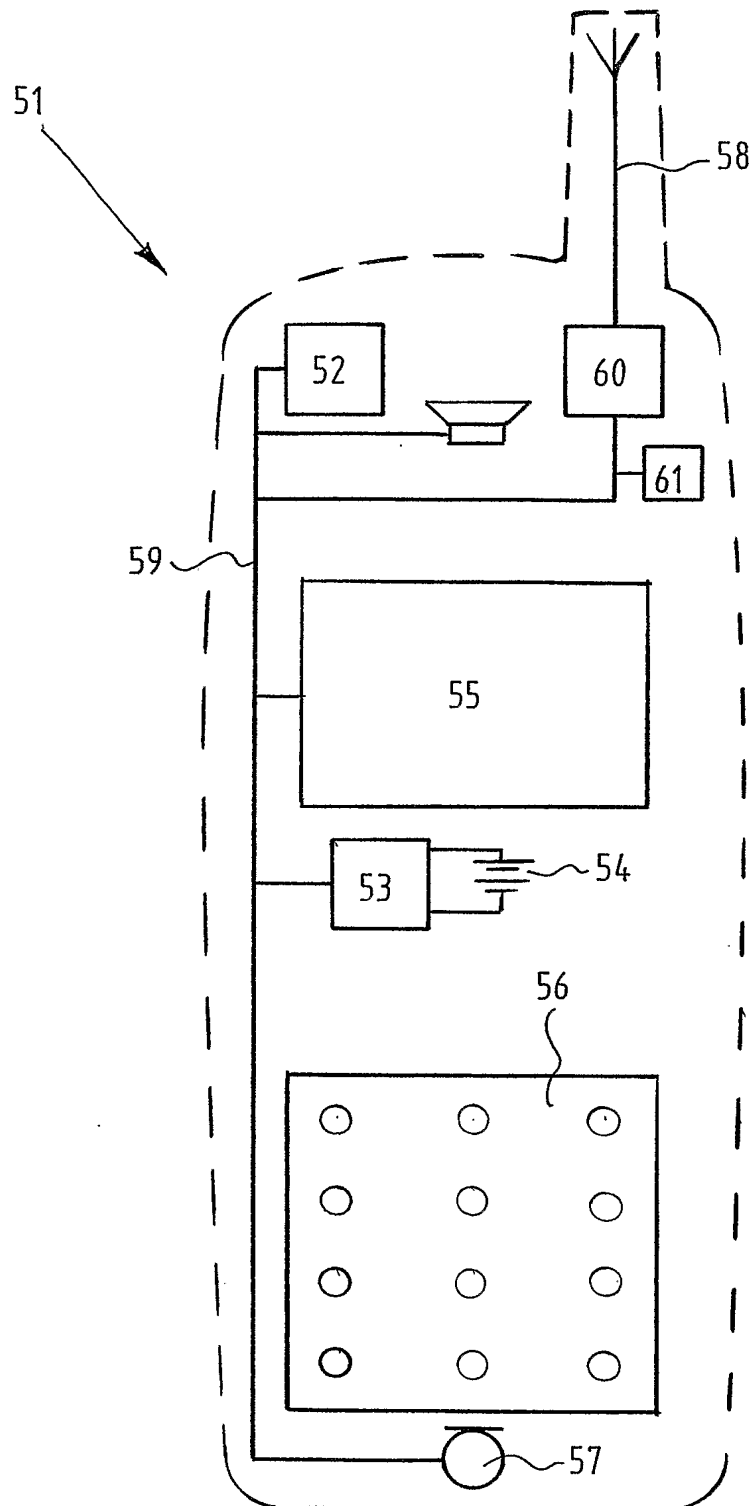
Name **Codeine**
Category **Pain relieve**
Dose **200 mg**
Amount **1**
Times **3**
Per **day**
Current **Yes**
Start **12-10-2004** Stop
Duration
Remarks

Supplier
Name
Adress
Phone
Price
Manufacturer

Save data

Gebruiksregistratie

FIG. 11

FIG. 12